

EMPLOYEE BENEFIT ELECTION INSTRUCTIONS

Welcome to the Annual Change period for the 2011 Benefit Plan Year. This is your only opportunity to elect or change certain benefit options for the upcoming year. This year employees will only be able to elect their 2011 benefits through SABHRS Employee Self Service. Please follow these detailed instructions to help make your 2011 benefit elections.

Although these instructions are detailed, they are not a substitute for the information located on each benefit election page. Please be sure to read the text on each benefit election page to make sure you don't miss an important piece of information.

****indicates a benefit you must make an election. You must make an election for vision, medical FSA, and dependent/childcare FSA. If you do not wish to participate in any of these benefits, you must make an election of 'Waive Coverage'.**

Login to SABHRS Employee Self Service

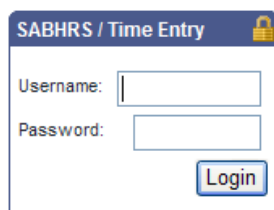
Work Location

- a. In your Internet address bar enter <http://mine.mt.gov>

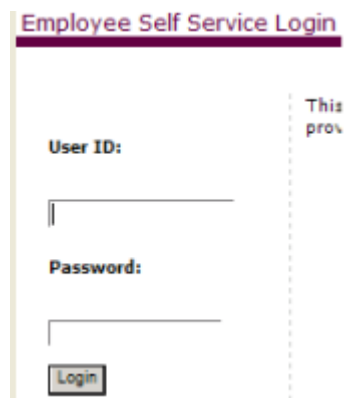
Home or other public place

- a. In your Internet address bar enter <http://www.mt.gov/employee>
- b. Select 'Employee Self-Service Portal'

1. Depending on your agency and work location, you may have an initial login to complete prior to the MINE homepage (*primarily required for Dept. of Justice and many DPHHS employees*). For User name, type "STATE\" then your C number. Then type in your current password, keep in mind that depending on your agency your password may be your current Outlook password.
2. Once you have reached the MINE homepage, enter your username and password. Your username will be your C number or your HR number. Your password will be the same password you use to login to your computer each morning or your current Outlook password. If you need help with your password, contact your agency help desk or network administrator.

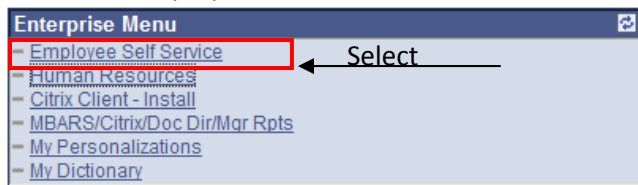


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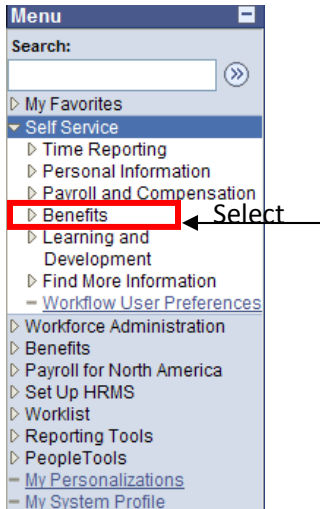


(Home or other public place)

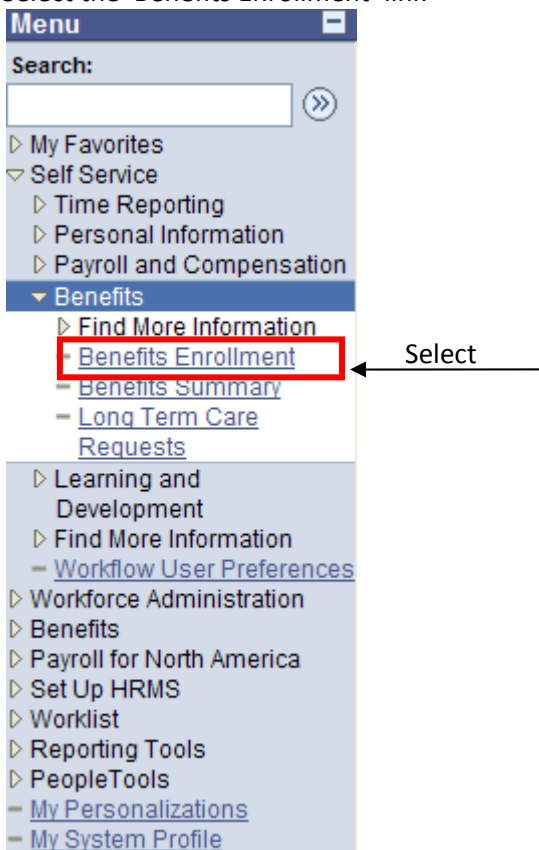
3. Select the 'Employee Self Service' link



4. Select the 'Benefits' link




5. Select the 'Benefits Enrollment' link



Make your Benefit Elections

6. Read the text on the Benefits Enrollment page and when you are ready to begin your benefit elections, click 'Begin'

Open Benefit Events					
Event Description		Event Date	Event Status	Job Title	
Annual Change Period		01/01/2011	Open	Project Facilitation Specialist	Begin ← Click

7. Read the text on the Annual Change Period page for important information. Please note the bottom of the Annual Change Period page has a chart to summarize your benefit **biweekly** costs. This chart will be updated with the new premium amounts as you make your benefit elections. If you have a negative amount listed, you are not using your entire State Share allowance for benefit costs.

	Biweekly Total
Biweekly premiums	342.50
State Share	-366.50
Wellness Discount	0.00
Your Bi-Weekly Costs	-24.00

Elect or Delete Long Term Care

8. If you are interested in participating in or deleting the Long Term Care benefit, click on the 'Long Term Care Requests' link. If you would like to enroll, select the address you would like your enrollment packet to be sent and click the yellow 'Submit' button on the bottom of the page.

Long Term Care Enrollment Packet Request	
Select where you want the packet sent.	<input type="text"/>

If you would like to terminate your participation in the Long Term Care benefit, check the checkbox next to the 'Click here to delete your current Long Term Care Coverage' text and click the yellow 'Submit' button on the bottom of the page.

Request to Delete Long Term Care Coverage
<input type="checkbox"/> Click here to delete your current Long Term Care Coverage

! Please note that Long Term Care election changes are not reflected in the biweekly cost chart summary.

Changing Your Pre-Tax Election

9. If you would like to **change** your Pre-Tax Plan election, click the 'Change my Pre-Tax Election' link. Otherwise, your current Pre-Tax Plan election will continue into the next benefit year. Your current election is noted on the Benefits Enrollment Summary page.

Your Pre-Tax Plan election is **YES**. Click the link below to change to the **After-Tax** plan.

[Change my Pre-Tax Election](#)

Change your Pre-Tax election by clicking on the 'Yes, I would like to change my Pre-Tax election' button. A pop-up window will appear to notify you that a message has been sent to the Employee Benefits Bureau requesting the election change. Click 'OK'. Click the yellow 'Return' button on the bottom of the page to return to the benefits enrollment page.

Changing Your Pre-Tax Election (Continued)

The Pre-Tax Plan allows you to pay for your portion of most of your insurance premiums on a pre-tax basis and save money on your taxes. If the state contribution covers your insurance elections entirely, you do not need to participate in the Pre-Tax Plan unless you have a Flexible Spending Account. Benefit Plan members enrolled in a Flexible Spending Account must participate in the Pre-Tax Plan.

Your Pre-Tax Plan election is **YES**. Click on the link below to change to the **After-Tax** plan.

[Yes, I would like to change my Pre-Tax election](#)

[Return](#)

Medical Plan Elections

10. If you would like to change medical plans for the new benefit year, click the yellow 'Edit' button next to the word Medical.


Enrollment Summary	
Edit	Medical
	Biweekly Premiums

Choose your medical plan by clicking the circle next to the medical plan of your choice.

<input type="radio"/>	Traditional Medical Plan	
	Coverage Level	
	Member Only	
	Member & Spouse	
	Member & Children	
	Member & Family	
<input checked="" type="radio"/>	Blue Choice Managed Care	
	Coverage Level	
	Member Only	
	Member & Spouse	
	Member & Children	
	Member & Family	
<input type="radio"/>	New West Health Plan	
	Coverage Level	
	Member Only	
	Member & Spouse	
	Member & Children	
	Member & Family	

Select one of the medical plans available to you. Please note that medical plan availability is based on the geographic location of your **home** address, so not all plans may be available to you.

You do not have to select the coverage level (i.e. Member Only, Member & Spouse, Etc.) for your medical choice. The benefits enrollment application will automatically assign you your premium based on the dependents you have enrolled in the plan.

Your medical choice is indicated by a green dot  in the middle of the circle. If you would like more information on each of the medical plan choices, click the [View Summary](#) link next to the plan. Please note that dependents **cannot** be added to your medical benefit during annual change. If you would like to remove existing medical coverage from one of your dependents, uncheck the Enroll box next to the dependent's name.

Medical Plan Elections (continued)

IMPORTANT! If you remove existing medical coverage from one of your dependents, you may not re-add that dependent through the online Benefits Enrollment application. In order to add the dependent back to your medical benefits you must contact Health Care and Benefits Division at 444-7462 or outside Helena, 1-800-287-8266. You can also email benefitseligibility@mt.gov with the request.

Enroll	Name	Relationship
<input checked="" type="checkbox"/>	Jane Doe	Daughter

Once you have made your election, click the 'Save' button located at the bottom of the page. You will see a confirmation page of your medical plan election and the associated premium. If you are satisfied with your election, click the 'OK' button located on the bottom of the page. If you would like to make a change to your medical plan, click the 'Edit' button to go back to the election page.

Dental Elections

11. Enrollment in the dental benefit is **required** for all state employees. During annual change you may add or delete dependents. If you would like to make a change to your enrolled dependents on the dental plan, click the 'Edit' button next to the word Dental.

Edit	Dental	Biweekly Premiums
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More information on the dental benefit is available by clicking on the [View Summary](#) link.

If you would like to add or remove dental coverage from one of your dependents, check or uncheck the Enroll box next to the dependent's name. A green checkmark in the box indicates the dependent will be enrolled in the dental benefit for the upcoming plan year.

Enroll	Name	Relationship
<input checked="" type="checkbox"/>	Jane Doe	Daughter

If you would like to add a new dependent to your dental benefit, click the yellow 'Add/Review Dependents' button near the bottom of the page. This will take you to the Enrollment Dependents/Beneficiary Summary page. Select the 'Add a dependent or beneficiary' link to add a new dependent. You will be required to enter the dependent's first name, last name, gender, birthdate, relationship, and marital status. If you are adding a spouse, you **MUST** enter their social security number. Once you have entered all of the required information, click the 'Save' button located at the bottom of the page. The newly added dependent will automatically be enrolled in your dental benefit, as indicated by a green checkmark next to their name.

Once you have made your dental changes, click the 'Save' button located at the bottom of the page. You will see a confirmation page of your dental plan coverage and premium. If you are satisfied with your election, click the 'OK' button located on the bottom of the page. If you would like to make a change to your dental plan, click the 'Edit' button to go back to the election page.

****Vision Plan Elections – REQUIRED ELECTION**


12. The vision plan is an optional benefit available to state employees. Even though the benefit is optional, you **MUST** make a decision to enroll or waive this benefit in order to successfully submit your benefit elections to the Benefits Department. To make an election, click on the 'Edit' button next to the words 'Vision/Hardware'.

Edit	Vision/Hardware	Biweekly Premiums
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Vision Plan Elections (continued)

During annual change, you may:

- elect vision coverage for yourself and your dependents
- delete existing dependents from your coverage
- add new dependents to your coverage, or
- waive the vision benefit.

Make your selection to either add or waive vision coverage by clicking on the circle next to your choice. Your choice is indicated by a green dot  in the middle of the circle. More information on the vision benefit is available by clicking on the [View Summary](#) link.

If you would like to add or remove vision coverage from one or more of your dependents, check or uncheck the Enroll box next to the dependent's name. A green checkmark in the box indicates the dependent will be enrolled in the vision benefit for the upcoming plan year.

Enroll	Name	Relationship
<input checked="" type="checkbox"/>	Jane Doe	Daughter

If you would like to add a new dependent to your vision benefit, click the yellow 'Add/Review Dependents' button near the bottom of the page. This will take you to the Enrollment Dependents/Beneficiary Summary page. Select the 'Add a dependent or beneficiary' link to add a new dependent. You will be required to enter the dependent's first name, last name, gender, birthdate, relationship, and marital status. If you are adding a spouse, you **MUST** enter their social security number. Once you have entered all of the required information, click the 'Save' button located at the bottom of the page. The newly added dependent will automatically be enrolled in your vision benefit, as indicated by a green checkmark next to their name.

Once you have made your vision changes, click the 'Save' button located at the bottom of the page. You will see a confirmation page of your vision plan coverage and premium. If you are satisfied with your election, click the 'OK' button located on the bottom of the page. If you would like to make a change to your vision plan, click the 'Edit' button to go back to the election page.

Basic Life Elections

13. Basic life is a core benefit, which means all employees electing to participate in the State health plan must have basic life. You may click on the yellow 'Edit' button next to the words 'Basic Life'; however, you will not be able to change your election.


Edit	Basic Life	Biweekly Premiums
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Supplemental Life Elections

14. Supplemental life is an optional benefit available to employees. Supplemental life is insurance on the employee's life. To add or increase supplemental life benefits, click on the yellow 'Edit' button next to the words 'Supplemental Life'.

Edit	Supplemental Life	Biweekly Premiums
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You may elect supplemental life amounts beginning with your annual salary rounded to the next \$5,000 increment up to \$500,000. If you would like more information on the supplemental life benefit, click on the [View Summary](#) link next to any of the available life amounts.

Select your life insurance amount by clicking on the circle next to the life amount you have chosen. Your choice is indicated by a green dot  in the middle of the circle.

Supplemental Life Elections (contiuned)

Once you have made your election, click the 'Save' button located at the bottom of the page. You will see a confirmation page of your supplemental life coverage and premium. If you are satisfied with your election, click the 'OK' button located on the bottom of the page. If you would like to make a change to your supplemental life, click the 'Edit' button to go back to the election page.

If you add or increase life insurance, you will be required to submit evidence of insurability and receive approval before the coverage takes effect. When you submit your **final** benefit choices, you will receive a **warning** message indicating that evidence of insurability is required. This is just an informational message and no further action is required for you to continue with your final benefit submission.

 **Supplemental Life** **Warning**

Your enrollment in this benefit plan requires evidence of insurability. You will need to complete the Evidence of Insurability Form (Medical History Form), which will be sent to you.


Your new coverage will not take effect until your requested Life Insurance is approved.

Accidental Death&Dismemberment Elections

15. Accidental Death & Dismemberment (AD&D) is an optional benefit available to employees. This coverage provides your beneficiaries with a benefit if you die accidentally or lose a limb or sight due to an accident. To add or increase AD&D benefits, click on the yellow 'Edit' button next to the words 'Accidental Death&Dismemberment'.

 **Accidental Death&Dismemberment** **Biweekly Premiums**

AD&D is available in \$25,000 increments. Your coverage cannot exceed 10 times your annual salary. AD&D coverage is available for employees only or employees and dependents. If you choose AD&D with Dependents, a portion of the coverage amount will be paid to you if one of your dependents dies accidentally or loses a limb or sight due to an accident.


Select your AD&D coverage by clicking on the circle next to the amount and coverage option (i.e. employee only or employee and dependent) you have choosen. Your choice is indicated by a green dot  in the middle of the circle.

Once you have made your election, click the 'Save' button located at the bottom of the page. You will see a confirmation page of your AD&D coverage and premium. If you are satisfied with your election, click the 'OK' button located on the bottom of the page. If you would like to make a change to your AD&D coverage, click the 'Edit' button to go back to the election page.

Dependent Life Elections

16. During annual change you may only **delete** existing dependent life elections. To delete coverage, click on the 'Edit' button next to the words 'Dependent Life'. If you do not currently have dependent life, there will not be an 'Edit' button visible.

 **Dependent Life** **Biweekly Premiums**

To delete your dependent life coverage, click on the circle next to 'No, I do not want to enroll'. Your election will be indicated by a green dot  in the middle of the circle. Because this benefit is only available during your initial 31

Dependent Life Elections (continued)

day enrollment period or within 63 days of acquiring a spouse or your first child, if you delete coverage, you will not be able to add it back at a later date.


Once you have made your election, click the 'Save' button located at the bottom of the page. You will see a confirmation page of your coverage and premium. If you are satisfied with your election, click the 'OK' button located on the bottom of the page. If you would like to make a change to your coverage, click the 'Edit' button to go back to the election page.

Spouse Supplemental Life

17. Spouse supplemental life is an optional benefit available to employees. It provides life insurance on the spouse. In order to enroll in spouse supplemental life, the employee **must** be enrolled supplemental life (step 13 above). To add or increase spouse supplemental life benefits, click on the yellow 'Edit' button next to the words 'Spouse Supplemental Life'.


Edit	Spouse Supplemental Life	Biweekly Premiums
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You may elect spouse supplemental life amounts beginning with \$5,000 up to the amount of coverage elected in supplemental life (step 13 above). If you would like more information on the spouse supplemental life benefit, click on the [View Summary](#) link next to any of the available life amounts.

Select your life insurance amount by clicking on the circle next to the life amount you have chosen. Your choice is indicated by a green dot  in the middle of the circle.

Once you have made your election, click the 'Save' button located at the bottom of the page. You will see a confirmation page of your spouse supplemental life coverage and premium. If you are satisfied with your election, click the 'OK' button located on the bottom of the page. If you would like to make a change to your spouse supplemental life, click the 'Edit' button to go back to the election page.

If you add or increase life insurance, your spouse will be required to submit evidence of insurability and receive approval before the coverage takes effect. When you submit your **final** benefit choices, you will receive a **warning** message indicating that evidence of insurability is required. This is just an informational message and no further action is required for you to continue with your final benefit submission.


	Spouse Supplemental Life	Warning
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Your enrollment in this benefit plan requires proof of insurability. You will need to complete the Evidence of Insurability Form (Medical History Form), which will be sent to you. Your new coverage will not take effect until proof of insurability is received.

Long-Term Disability Elections

18. Long-term disability is an optional benefit available to employees. To enroll or cancel your long-term disability insurance, click the 'Edit' button next to the words 'Long-Term Disability'.

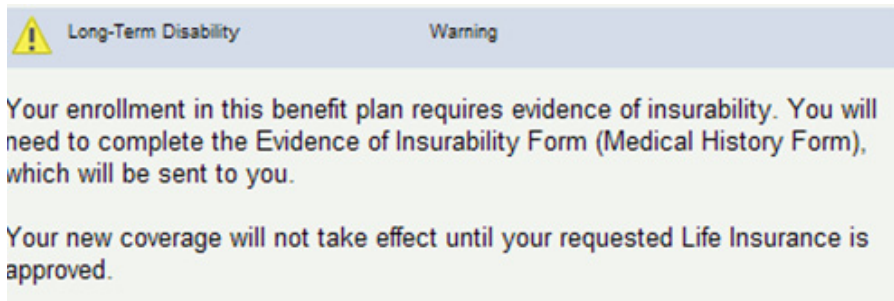
Edit	Long-Term Disability	Biweekly Premiums
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Make your selection to either add or remove long-term disability coverage by clicking on the circle next to your choice. Your choice is indicated by a green dot  in the middle of the circle.

Long-Term-Disability Elections (continued)

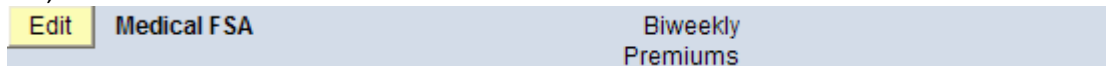
Once you have made your election, click the 'Save' button located at the bottom of the page. You will see a confirmation page of your coverage and premium. If you are satisfied with your election, click the 'OK' button located on the bottom of the page. If you would like to make a change to your election, click the 'Edit' button to go back to the election page.

If you add long-term disability, you will be required to submit evidence of insurability and receive approval before the coverage takes effect. When you submit your **final** benefit choices, you will receive a **warning** message indicating that evidence of insurability is required. This is just an informational message and no further action is required for you to continue with your final benefit submission.

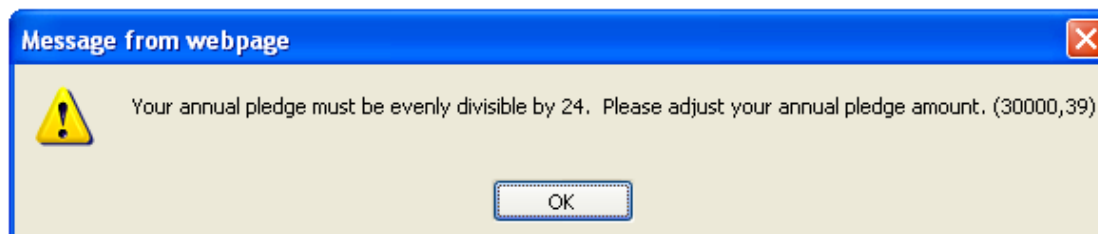


****Medical FSA Elections - REQUIRED ELECTION**

19. The Medical flexible spending account is an optional benefit available to employees. To participate in the Medical FSA, click the 'Edit' button next to the words 'Medical FSA'.



Make your selection to either enroll or waive the medical flexible spending account by clicking on the circle next to your choice. Your choice is indicated by a green dot in the middle of the circle. If you opt to participate in the benefit, once you make your election additional text will appear and you will need to indicate the **annual** amount you want to pledge. The amount entered must be evenly divisible by 24. If it is not, you will receive an error message and you will not be able to continue with your election until the amount is adjusted.

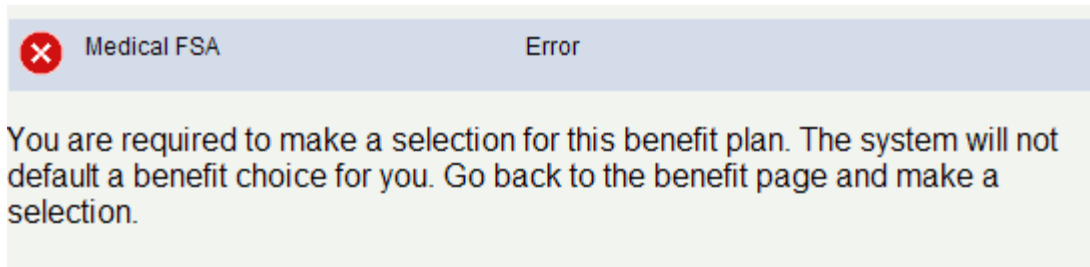


If you want to estimate your contribution by pay period you can click on the [Worksheet](#) link next to the annual pledge box.

Once you have made your medical FSA pledge, click the 'Save' button located at the bottom of the page. You will see a confirmation page of your FSA pledge amount and the associated per pay period contribution. If you are satisfied with your pledge, click the 'OK' button located on the bottom of the page. If you would like to make a change to your contribution amount, click the 'Edit' button to go back to the election page.

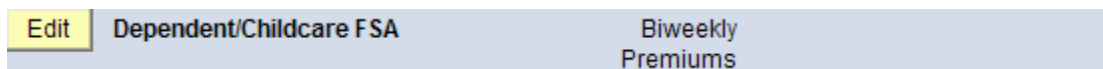
If you fail to make an election on Medical FSA, you will receive an error message when you submit your final benefit choices. You will be unable to submit your benefits to the Benefits Department until you make an election.


Medical FSA Elections (continued)

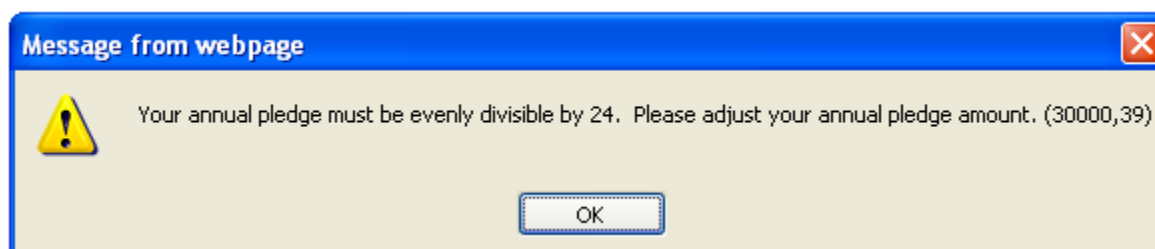


****Dependent/Childcare FSA Elections - REQUIRED ELECTION**

20. The dependent/childcare flexible spending account is an optional benefit available to employees. To participate in the dependent/childcare FSA, click the 'Edit' button next to the words 'Dependent/Childcare FSA'.

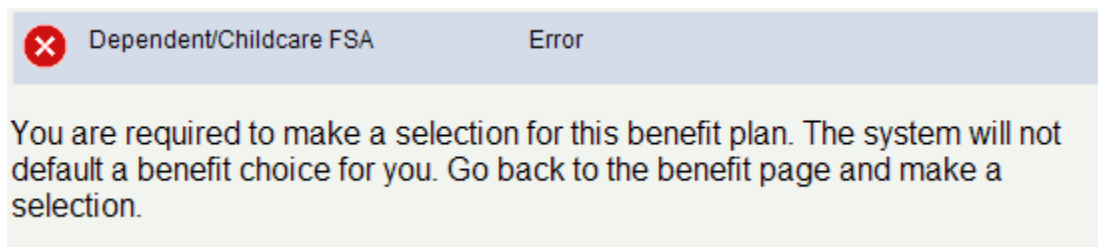


Make your selection to either enroll or waive the dependent/childcare flexible spending account by clicking on the circle next to your choice. Your choice is indicated by a green dot  in the middle of the circle. If you opt to participate in the benefit, once you make your election additional text will appear and you will need to indicate the **annual** amount you want to pledge. The amount entered must be evenly divisible by 24. If it is not, you will receive an error message and you will not be able to continue with your election until the amount is adjusted.



Once you have made your dependent/childcare FSA pledge, click the 'Save' button located at the bottom of the page. You will see a confirmation page of your FSA pledge amount and the associated per pay period contribution. If you are satisfied with your pledge, click the 'OK' button located on the bottom of the page. If you would like to make a change to your contribution amount, click the 'Edit' button to go back to the election page.

If you fail to make an election on dependent/childcare FSA, you will receive an error message when you submit your final benefit choices. You will be unable to submit your benefits to the Benefits Department until you make an election.



Submit Your Benefit Elections

21. Once you have made all of your benefit elections and are satisfied with your choices and the associated premiums, you are ready to submit your final benefit elections. Scroll to the bottom of the Annual Change Period page and click the yellow 'Submit' button. If you have not made an election for vision, medical FSA, or dependent/childcare FSA, you will receive an error message and **you will not be able to submit your benefit choices until you make an election**. To make an election, click the 'Return' button at the bottom of the page and follow steps 12, 19, and 20 above.

Important Message



Vision/Hardware

Error

You are required to make a selection for this benefit plan. The system will not default a benefit choice for you. Go back to the benefit page and make a selection.



Medical FSA

Error

You are required to make a selection for this benefit plan. The system will not default a benefit choice for you. Go back to the benefit page and make a selection.



Dependent/Childcare FSA

Error

You are required to make a selection for this benefit plan. The system will not default a benefit choice for you. Go back to the benefit page and make a selection.

If you have added or increased supplemental life, spouse supplemental life or long-term disability, you will receive a **warning** message explaining that proof of insurability and approval is required before the benefit will be effective. This is just a warning and you may continue with your benefit submission by clicking the 'Continue' button at the bottom of the page.

Important Message



Supplemental Life

Warning

Your enrollment in this benefit plan requires evidence of insurability. You will need to complete the Evidence of Insurability Form (Medical History Form), which will be sent to you.

Your new coverage will not take effect until your requested Life Insurance is approved.

Submit Your Benefit Elections (continued)



Spouse Supplemental Life

Warning

Your enrollment in this benefit plan requires proof of insurability. You will need to complete the Evidence of Insurability Form (Medical History Form), which will be sent to you. Your new coverage will not take effect until proof of insurability is received.



Long-Term Disability

Warning

Your enrollment in this benefit plan requires evidence of insurability. You will need to complete the Evidence of Insurability Form (Medical History Form), which will be sent to you.

Your new coverage will not take effect until your requested Life Insurance is approved.

To submit your benefit elections, read the authorize elections and agree to terms on the Submit Benefit Choices page, then click the 'Submit' button located at the bottom of the page. If you want to make changes to your benefit choices, click the 'Cancel' button to return to the Enrollment Summary page.

Once you click the 'Submit' button, you will receive a confirmation message indicating your benefit elections have successfully been submitted to the Benefits Department.

Benefits Enrollment

Submit Confirmation

Jane Doe

Your benefit choices have been successfully submitted to the Benefits Department. Your electronic confirmation statement will be sent to your e-mail shortly. Please notify benefitselectibility@mt.gov if you have any questions.

To return to the Benefits Enrollment page, click OK.

OK

You will also receive an email from sabhrrs_hr@mt.gov with your eConfirmation Statement (see Appendix A). This statement is a confirmation of your benefit elections for the upcoming plan year. If you have a work email address, the eConfirmation statement will be sent to it. If you do not have a work email address, please see Appendix B for instructions on how to add an email address to SABHRS Self Service.

You may return to the Benefits Enrollment link within Self Service and change your benefit elections as many times as you'd like up until October 27, 2010 at midnight.

Appendix A

****Please note the amounts reflected in the statement below are intended as an example only and do not reflect the actual premium amounts for the upcoming plan year.**

State of Montana - Confirmation of 2011 Benefits Elections

Employee ID: 123456 Name: Doe, Jane 7/15/2010 12:43:30 PM

This confirmation statement confirms your recent benefits elections. These elections will remain in effect for the plan year, unless you experience a qualifying event. If you elected a Life, LTD, or Long Term Care change that requires approval, you will be sent paperwork that must be completed and returned. The changes will not become effective or reflected in your pay until necessary approvals are received by the Benefits Department. New LTD and Long Term Care requests and pre-tax changes are not reflected in this statement. You have until October 27, 2010 at midnight to make any changes through the MINE employee self service. Any subsequent changes made through MINE employee self service (saved or submitted) make this confirmation statement null and void. Beginning the week of November 15, 2010 you may confirm your 2011 benefit elections by: 1) logging into MINE; 2) selecting the Employee Self Service link on the Enterprise Menu; 3) selecting the Benefits link; 4) selecting the Benefits Summary link; and 5) Typing 01/01/2011 in the date field and click 'Go'.

YOUR BENEFIT CHOICES:

Benefit Options	Coverage Type	Coverage Amount	Bi-weekly Premium Amount
Blue Choice Managed Care	Member Only		312.00
Dental	Member Only		17.05
Vision Hardware Plan	Member Only		3.82
Basic Life Insurance		14,000	0.95
Employee Supplemental Life		285,000	7.13
AD&D - w/ Dependents		375,000	5.63
Spouse Supplemental Life		285,000	7.13
Long Term Disability			11.26

FLEXIBLE SPENDING ACCOUNT ELECTION FOR 2011 PLAN YEAR:

Medical FSA	120.00	5.00
Dependent/Childcare FSA	120.00	5.00
FSA Admin Fee:		1.13
Total Bi-weekly Premium Amount:		376.10
Bi-weekly State Share Amount:		-339.50

Total Out of Pocket Bi-weekly Amount: 36.60

YOUR COVERED DEPENDENTS :

DEPENDENT NAME

BENEFIT OPTION

Appendix B

1. Access MINE

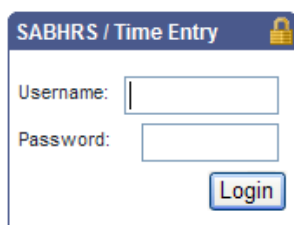
Work Location

- a. In your Internet address bar enter <http://mine.mt.gov>

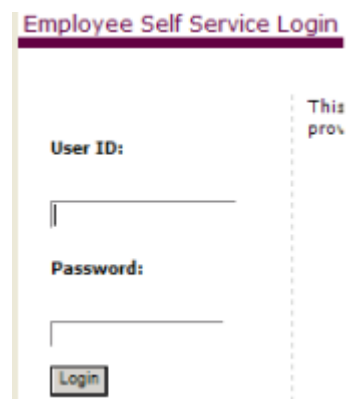
Home or other public place

- a. In your Internet address bar enter <http://www.mt.gov/employee>
- b. Select 'Employee Self-Service Portal'

2. Enter your username and password. Your username will be your C number or your HR number.

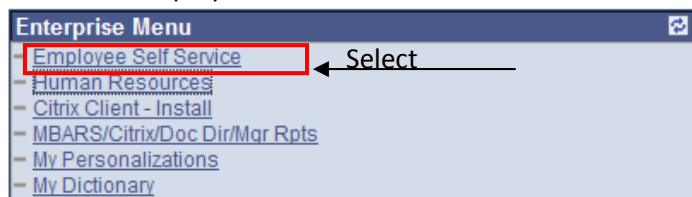


(Work Location)

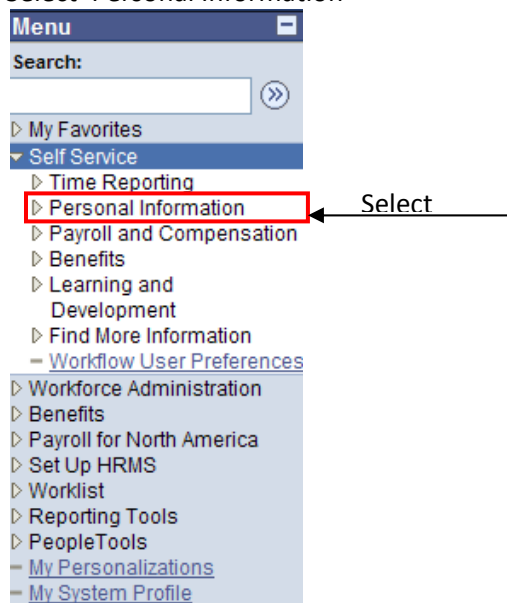


(Home or other public place)

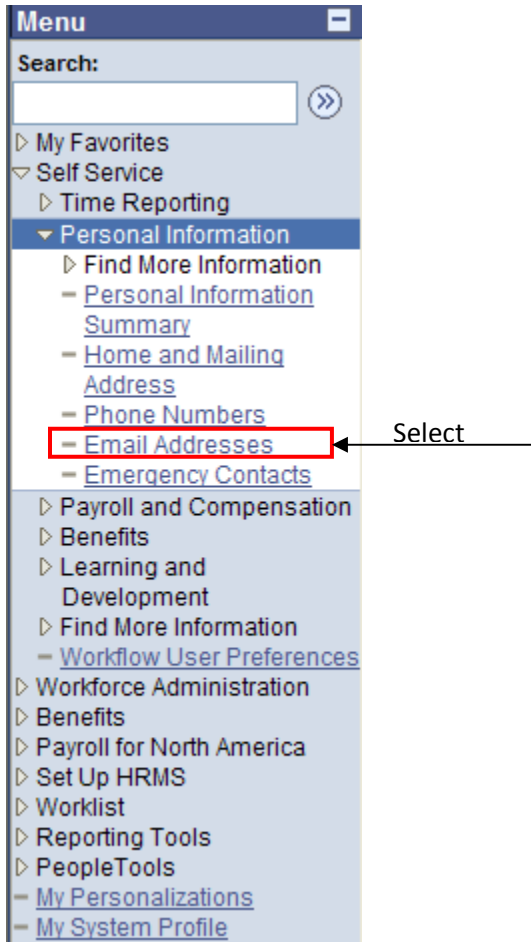
3. Select the 'Employee Self Service' link



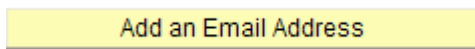
4. Select 'Personal Information'




5. Select 'Email Addresses'




6. Click the 'Add an Email Address' button



7. In the Email Type field, click the drop down arrow  and select the type of email address you will be entering (Campus, Dorm, Home, Other, Business).

*Email Type	Email Address	Preferred	
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	Delete

8. In the Email Address field, type in your email address and check the preferred checkbox on . If you do not have an email address, we strongly recommend you consider signing up for a free email service offered by such places as Hotmail, Yahoo, or Google. If this is not an option for you, please discuss other possible options with your payroll clerk, such as entering their business email address for you and having them print out your eConfirmation statement on your behalf.
9. Once you have entered in your information, click the 'Save' button on the bottom of the page.